

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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Madison, WI 53703
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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

APPLICATION FOR CERTIFICATE OF AUTHORIZATION

FIRM NAME:

FIRM MAILING ADDRESS:

TYPE OF FIRM: ☐ Sole Proprietorship ☐ Partnership ☐ Service Corporation
☐ Limited Liability Company ☐ Corporation ☐ Limited Liability Partnership

ADDRESS OF EACH BRANCH OFFICE (Attach additional sheets, if necessary.)

a. _____
(Street Address) (City) (State) (Zip Code) (Phone Number)

b. _____
(Street Address) (City) (State) (Zip Code) (Phone Number)

c. _____
(Street Address) (City) (State) (Zip Code) (Phone Number)

Most types of business entities (including those formed under the laws of another state or country) must file documents with the Wisconsin Department of Financial Institutions to do business in Wisconsin. Contact that office at 608-261-7577 for more information and of the statements below:

- ☐ The business entity identified above is required by law to file documents with the Department of Financial Institutions in order to engage in business in Wisconsin and I certify that the documents have been filed, as required, and that the business entity has met current legal requirements to engage in business in Wisconsin.
- ☐ The business entity identified above has not filed documents, as described above, with another Wisconsin agency, because the business entity is not required to do so.

APPLICATION FEE: Please make check payable to Department of Regulation and Licensing and attach to this application.

\$53.00 Initial License

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

1. Check as many of the following professional services that apply for which the firm is seeking authorization. **NOTE: There must be a Wisconsin credential holder employed by the firm for each profession checked.**

- | | |
|---|--|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Design of Engineering Systems (Must have WI licensed Designer of Engineering Systems to apply for this profession.) |
| <input type="checkbox"/> Professional Engineering | <input type="checkbox"/> Electrical |
| | <input type="checkbox"/> Fire Protection |
| | <input type="checkbox"/> HVAC |
| | <input type="checkbox"/> Plumbing |
| | <input type="checkbox"/> Private Sewage Systems |

2. **STATEMENT OF ARREST OR CONVICTION:** MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

YES **NO**

- | | | |
|--|--------------------------|--------------------------|
| A. Has the firm or any of its officers or partners ever been convicted of a misdemeanor, a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has the firm or any of its officers or partners ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the professional and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against the firm or any of its officers or partners, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of the action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against the firm or any of its officers or partners in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of the action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against the firm as a result of professional services? <u>If YES, submit a copy of the claim or suit and copy of a final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Does the firm currently hold, or has it held in the past, any credential (license) issued by the Department of Regulation and Licensing or any of its Boards? <u>If YES, what type of credential?</u> _____
And if another name, what name? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

3. Provide the name and addresses of all officers, directors, members or partners of the firm, partnership or corporation. Attach additional sheets, if necessary.

<u>Title</u>	<u>Name</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. a. Provide the names, credential type (architect, professional engineer or designer of engineering systems), credential numbers and branch office locations of the Wisconsin credential holders employed by the firm, partnership or corporation who will be in responsible charge of the work performed in Wisconsin. Attach additional sheets, if necessary.

<u>Name</u>	<u>Credential Type</u>	<u>Credential #</u>	<u>Branch Office Location</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- b. Each Wisconsin credential holder employed by the firm, partnership or corporation listed above must sign the application and emboss their personal registration seal attesting to their employment by the firm, partnership or corporation and that they will be in responsible charge of the services provided in Wisconsin. Attach additional sheets which quote the attesting statement, if more space is needed.

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5. **CERTIFICATION** - I certify that I am employed by the firm, partnership or corporation named on this application (Form #476) and that I will be in responsible charge of architecture, professional engineering or design of engineering systems practice in Wisconsin through said firm, partnership or corporation, as authorized by my credential issued by the Wisconsin Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors.

SIGNATURE _____ DATE _____ SEAL

SIGNATURE _____ DATE _____ SEAL

SIGNATURE _____ DATE _____ SEAL

SIGNATURE _____ DATE _____ SEAL

SIGNATURE _____ DATE _____ SEAL

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SIGNATURE OF FIRM REPRESENTATIVE

I further certify that I have the authority to complete this form on behalf of the firm, partnership or corporation and that the information on this application for a certificate of authorization is true and complete.

I understand if I provide false information on this form, that the certificate of authorization may be revoked or suspended.

Signature of Firm Representative

Title

Date

Print Name of Person Signing Application

Address

Daytime Telephone Number (Include Area Code)
